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**TRANSMITTAL**  
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Application No.	10/579,109	Art Unit	1793
Filing Date	13 May 2006 (NSE)	Examiner Name	Green, A. J.
Total no. of pages submitted	20	First Named Inventor	Milovanovic

Client ref. --

Firm ref. VM001conUSb

## ENCLOSURES

Where a number is included in parentheses below, it refers to the number of pages of each item.

<input checked="" type="checkbox"/> Amendment / Reply (17) <input type="checkbox"/> After final <input type="checkbox"/> Declaration(s) ( ) <input checked="" type="checkbox"/> Extension of Time (1) <input type="checkbox"/> Express Abandonment Request ( ) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Letter ( ) <input type="checkbox"/> Form 1449 / equivalent ( ) <input type="checkbox"/> reference copies <input type="checkbox"/> Certified copy of priority document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Appl. ( ) <input type="checkbox"/> Reply to Missing Parts under Rule 52 or 53	<input type="checkbox"/> Drawing(s) ( ) <input type="checkbox"/> Licensing-related papers ( ) <input type="checkbox"/> Petition ( ) <input type="checkbox"/> Petition to convert to a prov'l appl. ( ) <input type="checkbox"/> Terminal disclaimer ( ) <input type="checkbox"/> Request for Refund ( ) <input type="checkbox"/> CD(s) <input type="checkbox"/> Landscape table <input type="checkbox"/> Fee Transmittal form <input checked="" type="checkbox"/> Credit card payment (form PTO-2038)	<input type="checkbox"/> After Allowance Communication to TC ( ) <input type="checkbox"/> Appeal Communication ( ) <input type="checkbox"/> to Board of Patent Appeals and Interferences <input type="checkbox"/> to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information ( ) <input type="checkbox"/> Status letter ( ) <input type="checkbox"/> Other enclosure(s)
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Where an Amendment is included, claim fees are computed as follows:

			Rate	Total	
Extra claims	20 - HP* =	0	\$26.	\$0	<input checked="" type="checkbox"/> Small entity status is or
Extra indep. claims	1 - HP* =	0	\$110.	\$0	already has been claimed.
Extra mult. dep. claims	0 - HP* =	0	\$0	\$0	

\* HP is the highest number for which payment previously was made

REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	Zollinger & Burleson Ltd.		
Signature	<i>David G. Burleson</i>	Date	October 27, 2008
Name	David G. Burleson	Registration No.	38,090

## CERTIFICATE OF MAILING OR TRANSMISSION

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Signature	<i>David G. Burleson</i>	Date	October 27, 2008
Name	David G. Burleson	Date	October 27, 2008

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